



CANNON BUILDING  
861 SILVER LAKE BLVD., SUITE 203  
DOVER, DELAWARE 19904-2467

STATE OF DELAWARE  
**DEPARTMENT OF STATE**  
DIVISION OF PROFESSIONAL REGULATION  
BOARD OF ARCHITECTS

TELEPHONE: (302) 744-4500  
FAX: (302) 739-2711  
WEBSITE: DPR.DELAWARE.GOV

## VERIFICATION OF ARCHITECT IN CHARGE INFORMATION

### Instructions

This form is required to verify the **Delaware-licensed** Architects who have been designated in responsible charge of and/or for direct supervision of the practice of architecture on behalf of a business that holds a Delaware Certificate of Authorization. A person with knowledge of the business should complete the form and return it to the Board office at the address above. Note the following:

- The Board office must process this form before it renews the business' Certificate of Authorization.
- Submit the form in advance of the Certificate of Authorization July 31 expiration date to allow the Board office sufficient time to process it before the Certificate expires.
- ***This form is NOT a Certificate of Authorization renewal application. In addition to submitting this form, you must complete the online renewal application for the business.*** Follow the instructions on the *Official Renewal Notice for Certificates of Authorization* to submit the online renewal application.

1. Business Name (as it appears on Delaware license): \_\_\_\_\_
2. Delaware Certificate of Authorization License Number: **S7** - \_\_\_\_\_
3. Enter the following information about each Delaware-licensed Architect who has been designated as a person in responsible charge of and/or for direct supervision of architecture services offered or provided in Delaware by the business named above.

NAME OF DESIGNATED PERSON	DELAWARE ARCHITECT LICENSE NO
	S5 - _____
	S5 - _____
	S5 - _____
	S5 - _____
	S5 - _____
	S5 - _____
	S5 - _____
	S5 - _____

4. Do you understand that any change in the designated professional(s) in charge must be reported to the Board within 30 days of the change? Yes ☐ No ☐

Printed Name of Person Completing this Form on Behalf of Business: \_\_\_\_\_

Title/Position: \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_